



# Cancer and Inflammation

Epidemiologic Evidence: esophageal (Barrett's), gastric (H. pylori), hepatic (HBV, HCV...cirrhosis), impaired immunity (HIV), pancreatic (pancreatitis), colon (IBD), GYN (HPV).....and others.

Histopathology: inflammation around cancers, invasion and metastasis

Prophylactic drug response: ASA, NSAID, etc  
In various cancers claimed

# Potential Mechanisms (among others)

Are pre-malignant tumors “wound like”?

Where do the observed inflammatory signals come from?....tumor? stroma? others? both?

How does inflammation facilitate malignancy?

Can anti-inflammatory therapies “prevent” cancer?  
Control angiogenesis? If so, how?

Challenging problems.....need a bridge!

# Pancreatic Cancer

Mainly of acinar or ductal origin

Symptoms occur late: pain (nerve involvement, bone extension)  
weight loss, weakness (duct obstruction, cell loss)  
obstructive jaundice (biliary duct obstruction)  
thrombosis and/or bleeding (vascular involvement)

No screening diagnostic test of value

Early diagnosis: surgery (massive); Late diagnosis: poor response

Prognosis: ~ 20% survive one year

# NEXT WEEK

- Inflammation from a different perspective
- HIV: FRONTIERS AND VACCINE DEVELOPMENT  
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